

# AS-BUILT FORM



All septic system inspections are to be requested through Oregon's ePermitting system at <http://aca.oregon.accela.com/oregon/> or by phone at 1-888-299-2821. Use the site specific permit number when calling. Complete and submit this form to a Deschutes County Community Development Department (CDD) office prior to the *precover* inspection. Incomplete or inaccurate forms will not be approved. Once a complete and accurate form is submitted and an inspection is scheduled Deschutes County has seven days to complete the inspection. Use the space below for the As-Built drawing and complete the Materials Listing section and Installer Info section on backside of this form. This form can be emailed, dropped-off, or mailed to a CDD office:

**Email:** [onsite@deschutes.org](mailto:onsite@deschutes.org)  
**Bend:** 117 NW Lafayette Avenue | PO Box 6005, Bend, OR 97708  
**Redmond:** City Hall, 437 SW 9<sup>th</sup> St, Ste 202, Redmond, OR 97756  
**La Pine:** 16345 Sixth St., La Pine, OR 97739

SEPTIC PERMIT # \_\_\_\_\_

INSTALLER PHONE # \_\_\_\_\_

PERMIT JOB ADDRESS \_\_\_\_\_

## AS-BUILT DRAWING

Show at LEAST the following: North arrow, all system major components (see back side of this form for major components), proposed & existing adjacent structures/driveways/utility lines, future replacement area(s) as shown on approved plot plan, and lengths of drainlines & effluent transport sewers. Show distances between system components and to wells, structures/driveways/utility lines, and nearest property lines & bodies of waters-- if within 150' of initial and reserve system areas. *Note existing septic system components such as tanks, drainfields, etc. as "existing".*

Permit #: \_\_\_\_\_ Construction By: ☐ Property owner; **or** ☐ Licensed D.E.Q. Installer

**DEQ INSTALLERS COMPLETE THIS SECTION:**

<b>Business Name:</b> _____	<b>DEQ License #:</b> _____
<b>DEQ Certification # of Signee:</b> _____	

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and rules regulating the construction of onsite sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

**Name:** \_\_\_\_\_

**PRINT**

**SIGNATURE**

**DATE SIGNED**

**MATERIALS LISTING SECTION: *List only products installed for this job***

<b>Tank</b>	<b>Septic Tank</b> _____ Gallons      Manufacturer: _____
	<b>Dosing Septic Tank</b> _____ Gallons      Manufacturer: _____
	(Two Compartment) _____ <input type="checkbox"/> Flow-Thru or <input type="checkbox"/> Baffled (up & over sanitary tee)
	<b>Dosing Tank</b> _____ Gallons      Manufacturer: _____
	<b>Effluent Filter</b> # of: _____      Manufacturer: _____      Model #: _____
<b>Drainfield Media</b>	<b>Drain Rock</b> _____ Yrds      Supplier: _____
	<b>Perf Pipe</b> _____ FT      Supplier: _____      Diameter: _____ inches
	_____      ASTM #: _____
	<b>Filter Fabric</b> _____ FT      Manufacturer: _____      Fabric Type: _____
	<b>Check One:</b> <input type="checkbox"/> <b>Infiltrator (4' chambers)</b> <input type="checkbox"/> <b>HanCor Arc 18 (5' chambers)</b> <input type="checkbox"/> <b>BioDifuser (7'2" chambers)</b>
	# of Chambers: _____      Supplier: _____
	<b>Wire Mesh</b> _____ FT      Mesh Supplier: _____
<b>Effluent Sewer</b>	<b>Effluent Sewer Pipe</b> _____ FT      Supplier: _____      ASTM #: _____
	(Gravity or Pressurized) _____      Diameter: _____ inches
	<b>Tracer Wire</b> (Min. 18 gauge, Green) _____ FT
	<b>Switching Valve</b> # of: _____      Manufacturer: _____      Model #: _____
	<b>Spring Check Valve</b> # of: _____      Manufacturer: _____      Model #: _____
<b>Boxes &amp; Piping</b>	<b>Drop Boxes</b> # of: _____      Manufacturer: _____      Supplier: _____
	<b>Distribution Boxes</b> # of: _____ <input type="checkbox"/> Concrete or <input type="checkbox"/> Poly
	<b>Overflow &amp; Header Piping</b> _____ FT      ASTM #: _____      Diameter: _____ inches
<b>Pumps</b>	<b>Pump Packages</b> # of: _____      Manufacturer: _____      Model #: _____
	_____      Supplier: _____
	<b>Dosing Timer</b> # of: _____      Manufacturer: _____      Model #: _____
	<b>Control Box</b> # of: _____      Manufacturer: _____      Model #: _____
	<b>Swing Check Valve</b> # of: _____      Manufacturer: _____      Model #: _____
	<b>Anti-Siphon Valve</b> # of: _____      Manufacturer: _____      Model #: _____
<b>ATT/P.D./ Capping Fill</b>	<b>Capping Fill Drainfield Material</b> _____ Yrds      Supplier: _____
	_____      Supplier: _____      ASTM #: _____
	<b>Pressurized Drainline Piping</b> _____ FT      Diameter: _____ inches
	<b>ATT Unit</b> # of units: _____      Manufacturer: _____      Make/Model #s: _____
	_____      Supplier: _____
<b>Sand Filter</b>	<b>Dimensions</b> _____ FTxFT      Sidewall Material: <input type="checkbox"/> ¾" OSB (all edges sealed) <input type="checkbox"/> ¾" Plywood <input type="checkbox"/> Designed by Prof. Engineer
	<b>Filter Fabric</b> _____ Sq. FT      Manufacturer: _____
	<b>Liner</b> Size: _____      Manufacturer: _____      Model #: _____
	<b>DEQ Pea Gravel</b> _____ Yrds      Supplier: _____
	<b>DEQ Sand Media</b> _____ Yrds      Supplier: _____
	<b>Pressurized Laterals</b> _____ FT      Pipe Supplier: _____      ASTM #: _____
	<b>Orifice Spacing</b> _____ FT      Pipe Diameter: _____ inches